

Attachment 2

**PAST PERFORMANCE QUESTIONNAIRE
EXERCISE THERAPIST SERVICES**

I. INTRODUCTION:

This questionnaire is designed to collect past performance information on offerors competing for award of a contract for exercise therapist services for the VA Pacific Islands Health Care System in Honolulu, HI. Please complete the enclosed questionnaire and return it with the proposed offer. For assistance with this form or to request an electronic copy please notify the contracting specialist listed below. Handwritten responses will be accepted. If you need more space than provided, please attach additional pages or write on the last page. Please include only relevant information. Responses will be treated as source selection sensitive. Return the questionnaire either by mail, fax or email to the following address:

VA Pacific Islands Health Care System
Attn: Debbie Starr
3375 Koapaka Street Suite F250
Honolulu, HI 96819

Telephone: (808)-539-1309
E-mail: deborah.starr2@va.gov
FAX: (808) 833-5014

II. CUSTOMER/CLIENT IDENTIFICATION:

The following information pertains to the organization and contract information of the customer completing the questionnaire:

Your company or agency name: _____

Name of contractor being evaluated: _____

Your contract number: _____ Total value of your contract: \$ _____

Performance Period: Basic Period: _____ Option Periods: _____

Brief description of services provided:

III. EVALUATOR INFORMATION:

The following information pertains to the person completing this questionnaire.

Name/Title: _____
(e.g. Physician, Technician, Contracting Officer, etc.)

Organization: _____

Phone Number: _____

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IV. EXPLANATION OF CODES:

In Section V below of this questionnaire we ask 22 questions regarding your contractor's performance. Please use the following ratings when rating the contractor's performance:

CODE PERFORMANCE RATINGS

- E EXCEPTIONAL – Performance is where contractor performance significantly exceeds **most** contract requirements while the remainder of the contractor's effort meets contract requirements.
- V VERY GOOD – Performance is where contractor performance significantly exceeds **some** contract requirements while the remainder of the contractor's effort meets contract requirements.
- S SATISFACTORY – Performance is where the contractor meets contract requirements.
- M MARGINAL – Performance is where the contractor meets contract requirements, however performance rarely exceeds standards and discrepancies in **some** areas of performance are recurring. Problems identified by the Government are corrected, but require significant surveillance to ensure mission is not affected.
- U UNSATISFACTORY – Performance is where the contractor's performance is inadequate and inconsistent, requiring attention and constant surveillance to ensure the mission is not affected. Fails to manage workload and take initiative to resolve problems before the government points them out on a recurring basis. Contractor fails to meet standards.
- N NOT APPLICABLE – Unable to provide a score. Performance in this area not applicable to the effort assessed.

V. QUESTIONS CONCERNING PAST PERFORMANCE:

Place an "X" in the appropriate box next to the letter for each item on the questionnaire. Narrative statements are vital. Please provide a supporting narrative for each area. Attach additional pages if there is insufficient space in the comment space.

1. Describe in detail the type of exercise therapist services provided to your company (types of services/duties, how often they performed).

2. In what type of setting did the vendor perform (i.e. healthcare facility, office)? _____

3. Length of the Service (Provide dates): _____

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Rate the following questions if the company provided Exercise Therapist Services. Provide information/comments in the Remarks Section below.	Circle One
Q1. To what extent did the contractor comply with contract requirements?	E V S M U N
Q2. How timely was the contractor's performance?	E V S M U N
Q3. How well did the contractor comply with the labor and safety standards?	E V S M U N
Q4. Rate the effectiveness of the contractor's management of the contract?	E V S M U N
Q5. Rate the contractor's handling of staff integrity issues.	E V S M U N
Q6. Rate the contractor's personnel management practices.	E V S M U N
Q7. Quality Control: Rate the overall quality of contractor's work.	E V S M U N
T1. To what extent did the contractor meet performance schedule?	E V S M U N
T2. What extent was contractor flexible in responding to changing needs?	E V S M U N
T3. To what extent was the contractor reliable?	E V S M U N
T4. To what extent was the Contractor responsive to technical directions?	E V S M U N
T5. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, explain.	Yes No
C1. Would you award another contract to this contractor? If no, explain.	Yes No
C2. Was the customer satisfied with the end product? If no, explain.	Yes No
C3. To what extent did contractor notify you of problems of potential issues?	E V S M U N
Evaluator's Additional Remarks regarding Exercise Therapist Services:	

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Signature of Evaluator:	Date of Evaluation:
Print Name of Evaluator:	